



APPROACH PERMIT APPLICATION

Liberty Lake Planning & Community Development
 22710 E. Country Vista Blvd., Liberty Lake WA 99019
 Phone: (509) 755-6707 Fax: (509) 755 6713
 Website: www.libertylakewa.gov

OWNER / APPLICANT INFORMATION

Owner:	Phone:	Applicant:	Phone:
	Fax:		Fax:
Mailing Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
Contractor:	Phone:	Architect/Engineer:	Phone:
	Fax:		Fax:
Mailing Address:		Mailing Address:	
City, State, Zip:		City, State, Zip:	
WA State Contractor License:		Project Contact Name:	
Contractor UBI Number:		Project Contact Phone:	
Subcontractor:		UBI Number:	
<i>If you are using more than 1 subcontractor on the project or the subcontractors are unknown at this time, please supply a complete list of the subcontractors with their UBI Numbers at time of permit pickup for proper sales tax processing.</i>			
<i>All businesses who are located in or perform work in the City of Liberty Lake must have a current City Business License</i>			
Do you have a current City of Liberty Lake Business License: Yes No			License Number:

Project Address:	
The undersigned hereby applies for permission to:	
Anticipated Work Start Date:	Anticipated Work Completion Date:

The estimated time required for completion, including restoration, of the above work is _____ days which the petitioner agrees to prosecute with all diligence and speed with due regard for the rights, interests, and conveniences of the public. Petitioner further agrees to perform the work in strict compliance with the provisions enumerated on the permit. The undersigned guarantees that if the backfill, street surfacing, or improvement fails within two (2) years from the date of final inspection by the City of Liberty Lake, they shall pay the cost of the City for making repairs or restoration of the roadway and improvements. In consideration of the granting of this permit it is agreed by the applicant that the City of Liberty Lake and any officer or employee thereof shall be saved harmless by the applicant from any liability of responsibility for any accident, loss, or damage to persons or property, happening or occurring as the proximate result of any of the work undertaken under the terms of this application and the permit or permits which may be granted in response thereto, and that any of said liabilities are hereby assumed by the applicant. It is further agreed that if any part of this installation interferes with the future use of the street by the general public, it must be removed or relocated, as designed by the City Engineer at the expense of the permittee or his successor in interest.

A traffic control plan must be submitted with this application and a Right-Of-Way (ROW) Permit Application may also be required.

Applicant's Signature (REQUIRED)

Printed Name

Date

*** A MINIMUM OF FIVE BUSINESS DAYS NOTICE IS REQUIRED FOR PERMITS. Call 1(800) 424-5555 for locate services at least 3 days prior to commencing digging after permit is granted !**

(P&CD DEPT. OFFICE USE ONLY)			
APPROACH PERMIT STATUS: APPROVED DENIED & REASON -			
<table border="1"><tr><td>REVIEWED BY:</td><td>DATE:</td><td>PERMIT FEE:</td></tr></table>	REVIEWED BY:	DATE:	PERMIT FEE:
REVIEWED BY:	DATE:	PERMIT FEE:	